

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		
O.I.P.E. CLASSIFIER			2-8-02
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	2/16/02	
2	✓	2/16/02	
3	✓	2/16/02	
4	✓	2/16/02	
5	✓	2/16/02	
6	✓	2/16/02	
7	✓	2/16/02	
8	✓	2/16/02	
9	✓	2/16/02	
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49	✓	2/16/02	
50	✓	2/16/02	

Claim	Final	Original	Date
51	✓	2/16/02	
52	✓	2/16/02	
53	✓	2/16/02	
54	✓	2/16/02	
55	✓	2/16/02	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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